



Code 44001-500 44009-100 44005-10

EDUCATION ASSESSMENT

Date Conducted XXXXXX Officer Name XXXXXX Location XXXXXX

Client CCSS Id. No	<u>XXXXXX</u>	Date of Birth	<u>XXXXXX</u>	Ward <input checked="" type="checkbox"/>	Non Ward <input type="checkbox"/>
Client Name	<u>XXXXXX</u>	Address	<u>XXXXXX</u>		
Postcode	<u>XXXXXX</u>	Contact No.	<u>XXXXXX</u>	Caregiver	<u>XXXXXX</u>
Legal Guardian	<u>FCS</u>	Caseworker	<u>XXXXXX</u>		

School / Setting XXXXXX Phone XXXXXX Fax XXXXXX

Address XXXXXX Postcode XXXXXX

Principal / Key Contact XXXXXX Ext. XXXXXX

Year Co-ord. / Deputy XXXXXX Teacher XXXXXX

Year Level / Status 1 Mainstream Straight Split Ed. Support

First Aid / Nurse Contact MEDICATION Attending Yes No

Specific needs referral BAEDETICIAN Attending Yes No

Psychologist referral ANXIETY Attending Yes No

Current / Past Assessment Attached Yes No

Chaplain Attending Yes No

Youth Support Worker Attending Yes No

ATTENDANCE

Client attending setting regularly EXCELLENT Yes No

Entry Date XXXXXX Exit Date XXXXXX EDWA alert Yes No

Punctuality usually seldom

Preparation Lunch Equipment Dress

Comments

Attendance record attached Yes No

EDUCATION ASSESSMENT (cont.)

ACADEMIC

Achieving educational outcomes (chronological)	<u>+ 1</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Achieving educational outcomes (setting)	<u>+ 1</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Student at Risk Programme		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Individual Education Program	<u>EXTENSION PROG.</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Individual tutor programme		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Mentor programme		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

SOCIAL SKILLS

Appropriate behaviour in education setting	<u>EXCELLENT</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Appropriate peer contact		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no ; attention seeking		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
disruptive		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
withdrawn		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other;			
bully		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
victim		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

OTHER

Additional information VERY CREATIVE GIRL - BRIGHT, ENERGETIC - HAS A GOOD GROUP OF PEERS - ATTENDING GRIEF COUNSELLING, IN CARE OF MATERNAL GRANDMOTHER
- ON MEDICATION FOR ANXIETY RELATED BEHAVIOUR
ATTENDING CHURCH BASE CAMP IN AUGUST.
CLIENT ENJOYS CONTACT WITH EXTENDED FAMILY IN
BOTH PARENTS + 2 YOUNGER SIBLINGS KILLED IN CAR
ACCIDENT LAST YEAR.

EDUCATION ASSESSMENT

Date Conducted XXXXXX Officer Name XXXXXX Location XXXXXX

Client CCSS Id. No <u>XXXXXX</u>	Date of Birth <u>7/06/82</u>	Ward <input type="checkbox"/>	Non Ward <input checked="" type="checkbox"/>
Client Name <u>XXXXXX</u>	Address <u>XXXXXX</u>		
Postcode <u>XXXXX</u>	Contact No. <u>XXXXXX</u>	Caregiver <u>XXXXXX</u>	
Legal Guardian <u>PARENTS</u>	NAT	Caseworker <u>XXXXXX</u>	

School / Setting XXXXXX Phone XXXXXX Fax XXXXXX

Address XXXXXX Postcode XXXXXX

Principal / Key Contact XXXXXX Ext. XXXXXX

Year Co-ord. / Deputy XXXXXX Teacher XXXXXX

Year Level / Status XXXXXX Mainstream Straight Split Ed. Support

First Aid / Nurse Contact MED Attending Yes No

Specific needs referral SEX PERPS C. Attending Yes No

Psychologist referral COUNSELLING Attending Yes No

Current / Past Assessment Attached Yes No

Chaplain XXXXXX Attending Yes No

Youth Support Worker XXXXXX Attending Yes No

ATTENDANCE

Client attending setting regularly SEE ABSENTEE RECORD Yes No

Entry Date XXXXXX Exit Date XXXXXX EDWA alert Yes No

Punctuality PARENTS AVOIDING CONTACT usually seldom

Preparation XXXXXX Lunch Equipment Dress

Comments XXXXXX

Attendance record attached Yes No

EDUCATION ASSESSMENT (cont.)

ACADEMIC

Achieving educational outcomes (chronological)	- 3	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Achieving educational outcomes (setting)	- 4	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Student at Risk Programme	MOJ JT + SCHOOL	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Individual Education Program	ALL SETTINGS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Individual tutor programme		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Mentor programme	MOJ	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other		Yes <input type="checkbox"/>	No <input type="checkbox"/>

SOCIAL SKILLS

Appropriate behaviour in education setting	NON COMPLIANT	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Appropriate peer contact	SEXUALLY ABUSED BEHAVIOUR	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If no; attention seeking		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
disruptive		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
withdrawn		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other;			
bully	AGRESSIVE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
victim		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

OTHER

Additional information CLIENT SEXUALLY ABUSED BY FAMILY MEM. SOLVENT ABUSE LEADING TO BRAIN DAMAGE (CHROMING) + EPILEPTIC (MED.) MOTHER SUICIDED. FATHER WHEREABOUTS UNKNOWN. CLIENT IN HOSTEL / SHARED CARE / INDEPENDENT. CLIENT HAS HAD SURGERY (CORRECTIVE FOR ANAL / VAGINAL DAMAGE. SIBLINGS WHEREABOUTS UNKNOWN. COURT PROCEEDINGS. CHILD WITNESS IN CONTACT 2X WEEKLY. EDWAT ALERT. STAFFER WA INITIATIVE UNDERWAY WITH MOJ. CURRENTLY FINISHING BREACH CONDITIONS REPORT.

EDUCATION ASSESSMENT

Date Conducted XXXXXX Officer Name XXXXXX Location XXXXXX

Client CCSS Id. No	<u>XXXXXX</u>	Date of Birth	<u>6/07/1984</u>	Ward	<input checked="" type="checkbox"/>	Non Ward	<input type="checkbox"/>
Client Name	<u>XXXXXX</u>	Address	<u>XXXXXX</u>				
Postcode	<u>XXXXXX</u>	Contact No.	<u>XXXXXX</u>	Caregiver	<u>XXXXXX</u>		
Legal Guardian	<u>FCS</u>	Caseworker	<u>XXXXXX</u>				

School / Setting XXXXXX Phone XXXXXX Fax XXXXXX

Address XXXXXX Postcode XXXXXX

Principal / Key Contact XXXXXX Ext. XXXXXX

Year Co-ord. / Deputy XXXXXX Teacher XXXXXX

Year Level / Status Year 10 Mainstream Straight Split Ed. Support

First Aid / Nurse Contact _____ Attending Yes No

Specific needs referral _____ Attending Yes No

Psychologist referral FCS | m0J | JJ | BH Attending Yes No

Current / Past Assessment Attached Yes No

Chaplain *2 Attending Yes No

Youth Support Worker _____ Attending Yes No

ATTENDANCE

Client attending setting regularly RARELY Yes No

Entry Date XXXXXX Exit Date XXXXXX EDWA alert Yes No

Punctuality _____ usually seldom

Preparation _____ Lunch Equipment Dress

Comments SUSPENSIONS x 3, EXCLUSION PENDING

Attendance record attached Yes No

EDUCATION ASSESSMENT (cont.)

ACADEMIC

Achieving educational outcomes (chronological)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Achieving educational outcomes (setting) <u>2 YRS BEHIND</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Student at Risk Programme <u>PHONICS - EARLY LITERACY</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Individual Education Program	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Individual tutor programme <u>XXXXX</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Mentor programme <u>IN AND OUT OF SCHOOL</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other <u>HEARING CLINIC</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

SOCIAL SKILLS

Appropriate behaviour in education setting <u>VIOLENCE TO OTHERS</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Appropriate peer contact <u>PEER DIFFICULTIES</u>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If no; attention seeking <u>AGGRESSIVE ATTITUDE</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
disruptive	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
withdrawn	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other;		
bully <u>PARTICULARLY TOWARDS MALE</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
victim	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

OTHER

Additional information CLIENT SUBJECTED TO SEVERE BEATINGS BY PREVIOUS STEPFATHER. NATURAL FATHER IMPLICATED FOR ASSAULT OF STEPFATHER. DOMESTIC VIOLENCE EXTENDING TO OTHER FAMILY MEMBERS. DRUG ISSUES WITH MOTHER. NATURAL MOTHER SEEKING PSYCHIATRIC INTERVENTION. CLIENT CURRENTLY TAKING TAFENYL FOR BEDWETTING. CLIENT HAVING MAJOR DIFFICULTIES WITH OTHER PEERS. ONE ADMISSION TO PMH FOR ALTERATIONS TO SCALP.

EDUCATION ASSESSMENT

Date Conducted 12/22/2018 Officer Name SGT. J. M. HARRIS Location 1200 12th Street

ATTENDANCE

Attendance record attached Yes No

EDUCATION ASSESSMENT (cont.)

ACADEMIC

Achieving educational outcomes (chronological)	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Achieving educational outcomes (setting)	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Student at Risk Programme <u>EXTENSIVE STAFF INVOLVEMENT</u>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Individual Education Program <u>WHEN PRESENT</u>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Individual tutor programme <u>WHEN PRESENT</u>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Mentor programme <u>MOJ / ITJ</u>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Other	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

SOCIAL SKILLS

Appropriate behaviour in education setting <u>SEXUALISED BEHAVIOUR</u>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Appropriate peer contact	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If no; attention seeking	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
disruptive	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
withdrawn	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Other;				
bully	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
victim <u>SEXUAL ABUSE</u>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

OTHER

Additional information CLIENT RAPED BY NUMEROUS EXTENDED FAMILY MEMBERS - CLIENT REFERRED TO STUBBS TCE FROM PSYCH WARD 1997
A CLIENT HAS SELF HARMING BEHAVIOUR
SUICIDE ATTEMPTS X 2
CLIENT REFERRED TO PERPS COURSE IN THE STAFF
WATCHED OF CLIENTS EXPOSING BEHAV.
2 X MENTEES , REC. COURSE REFERRAL
2 X MOJ CHARGES PENDING - RARELY AT SCHOOL

EDUCATION ASSESSMENT

Date Conducted XXXXX Officer Name XXXXXX Location XXXXXX

Client CCSS Id. No	<u>XXXXXX</u>	Date of Birth	<u>7/06/85</u>	Ward	<input checked="" type="checkbox"/>	Non Ward	<input type="checkbox"/>
Client Name	<u>XXXXXX</u>	Address	<u>XXXXXX</u>				
Postcode	<u>XXXXXX</u>	Contact No.	<u>XXXXXX</u>	Caregiver	<u>XXXXXX</u>		
Legal Guardian	<u>XXXXXX</u>	Caseworker	<u>XXXXXX</u>				

School / Setting XXXXXX Phone XXXXXX Fax XXXXXX

Address XXXXXX Postcode XXXXXX

Principal / Key Contact XXXXXX Ext. XXXXXX

Year Co-ord. / Deputy XXXXXX Teacher XXXXXX

Year Level / Status XXXXXX Mainstream Straight Split Ed. Support

First Aid / Nurse Contact COUNSELLING | WITH DR. Attending Yes No

Specific needs referral CHILD WITNESS SERVICE Attending Yes No

Sexual Abuse + Trauma SEXUAL ABUSE + TRAUMA Attending Yes No

Psychologist referral FCS | MDT | IJ | CW. Attending Yes No

Current / Past Assessment Attached Yes No

Chaplain WHEN ATTENDING Attending Yes No

Youth Support Worker " " Attending Yes No

ATTENDANCE

Client attending setting regularly ABSCONDS / ABSENT Yes No

Entry Date XXXXX Exit Date XXXXXX EDWA alert Yes No

Punctuality WHEN PRESENT usually seldom

Preparation " " Lunch Equipment Dress

Comments " "

Attendance record attached Yes No

EDUCATION ASSESSMENT (cont.)

ACADEMIC

Achieving educational outcomes (chronological)	- 4	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Achieving educational outcomes (setting)	- 4	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Student at Risk Programme	IEP SEPERATED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Individual Education Program	SCHOOL	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Individual tutor programme	HOME	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Mentor programme	SEX - PERPS C.	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Other		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

SOCIAL SKILLS

Appropriate behaviour in education setting	peep (GIRLS)	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Appropriate peer contact	ETC - FAMILIES	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If no; attention seeking	in / out class	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
disruptive		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
withdrawn		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other;					
bully	FAMILIES	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
victim		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

OTHER

Additional information CLIENT CURRENTLY ATTEND - SEX. PERPS.C.
 SUBSTANTIATED SEX ABUSE OF 3 FEMALE STUDENTS LAST YEAR
 MOJ CHARGES PENDING INVESTIGATION.
 PARENTS CARE STATUS UNDER REVIEW (SEE NOTES)
 POC INVEST. 4 FILE STATUS. YOUNGER SISTER UNDER
 MARSHP. CLIENT SEPERATED FROM FEMALE CONTACT
 PENDING INVEST. SUFFERS FROM PAINTING
 ATTACKS. HAS DIFFICULTIES WITH MALE PEERS. RAT INVEST.

EDUCATION ASSESSMENT

Date Conducted XXXXXX Officer Name XXXXXX Location XXXXXX

Client CCSS Id. No <u>XXXXXX</u>	Date of Birth <u>7/09/1986</u>	Ward <input checked="" type="checkbox"/>	Non Ward <input type="checkbox"/>
Client Name <u>XXXXXX</u>	Address <u>XXXXXX</u>		
Postcode <u>XXXXXX</u>	Contact No. <u>XXXXXX</u>	Caregiver <u>XXXXXX</u>	
Legal Guardian <u>XXXXXX</u>	Caseworker <u>XXXXXX</u>		

School / Setting XXXXXX Phone XXXXXX Fax XXXXXX

Address XXXXXX Postcode XXXXXX

Principal / Key Contact XXXXXX Ext. XXXXXX

Year Co-ord. / Deputy XXXXXX Teacher XXXXXX

Year Level / Status 9 Mainstream Straight Split Ed. Support

First Aid / Nurse Contact CONFIDANT Attending Yes No

Specific needs referral Attending Yes No

Psychologist referral FCS | EDWA | m0J | JJ Attending Yes No

Current / Past Assessment Attached Yes No

Chaplain CONFIDANT Attending Yes No

Youth Support Worker Attending Yes No

ATTENDANCE

Client attending setting regularly Yes No

Entry Date XXXXXX Exit Date XXXXXX EDWA alert Yes No

Punctuality CONSTANT RE-REFERRALS usually seldom

Preparation IRREGULAR ATTEND. Lunch Equipment Dress

Comments IRREGULAR ATTEND. | STUBBS TCE REFERRAL

Attendance record attached Yes No

EDUCATION ASSESSMENT (cont.)

ACADEMIC

Achieving educational outcomes (chronological)	TRUANT	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Achieving educational outcomes (setting)	TRUANT	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Student at Risk Programme	NOT ATTENDING	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Individual Education Program	ARRANGED ONLY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Individual tutor programme	NO POSSIBILITIES	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Mentor programme	CLIENT NOT AMENABLE	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Other	CLIENT NOT ENGAGING	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

SOCIAL SKILLS

Appropriate behaviour in education setting	NOT ATTENDING	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Appropriate peer contact	SEXUALISED BEHAVIOUR	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If no; attention seeking		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
disruptive		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
withdrawn		Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Other;					
bully		Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
victim	ENGAGES IN RISK TAKING BEHAVIOUR	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

OTHER

Additional information CLIENT GLUE SNIFTER APPREHENDED BY CAG TEAM BY PERTH STATION : 01/1994 . MENTAL HEALTH ISSUES - CLIENT SEXUALLY ASSAULTED THENCE CIMA , APPREHENDED CLIENT CURRENTLY IN HOSTEL . 3 JJ CHARGES PENDING FOR PERTH / INTER ASSAULT . CLIENT ENROLLED IN DEP PROGRAMME . BOTH NATURAL PARENTS DEAD . CLIENT IDENTIFIES WITH YOUTH CENT. (ADRIAN) . CLIENT TRUATING

EDUCATION ASSESSMENT

Date Conducted 20/3/00 Officer Name XXXXXX Location XXXXXX

Client CCSS Id. No	<u>XXXXXX</u>	Date of Birth	<u>2/6/88</u>	Ward	<input checked="" type="checkbox"/>	Non Ward	<input type="checkbox"/>
Client Name	<u>XXXXXX</u>	Address	<u>XXXXXX</u>				
Postcode	<u>XXXX</u>	Contact No.	<u>XXXXX</u>	Caregiver	<u>XXXXXX</u>		
Legal Guardian	<u>F + c.s.</u>	Caseworker	<u>XXXXXX</u>				

School / Setting XXXXXX Primary Phone XXXXXX Fax XXXXXX

Address XXXXXX Postcode XXXXXX

Principal / Key Contact XXXXXX Ext. XXXXXX

Year Co-ord. / Deputy XXXXXX Teacher XXXXXX

Year Level / Status XXXXXX Mainstream Straight Split Ed. Support

First Aid / Nurse Contact Medication Attending Yes No

Specific needs referral ADHD Attending Yes No

Psychologist referral XXXXXX Attending Yes No

Current / Past Assessment Attached Yes No

Chaplain TRAUMA COUNSELLING Attending Yes No

Youth Support Worker Attending Yes No

ATTENDANCE

Client attending setting regularly CAREGIVER MAINTAINS Yes No

Entry Date 20/4/99 Exit Date — EDWA alert Yes No

Punctuality — usually seldom

Preparation AS PREPARED Lunch Equipment Dress

Comments —

Attendance record attached Yes No

EDUCATION ASSESSMENT (cont.)

ACADEMIC

Achieving educational outcomes (chronological)	- 3	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Achieving educational outcomes (setting)	- 3	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Student at Risk Programme	DED / VEATS	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Individual Education Program	NOT ENGAGED.	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Individual tutor programme	NOT ENGAGED.	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Mentor programme	moJ / FCS	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Other		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

SOCIAL SKILLS

Appropriate behaviour in education setting	AGGRESSIVE / non compliant	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Appropriate peer contact	AGGRESSIVE.	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If no; attention seeking		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
disruptive		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
withdrawn		Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Other;					
bully		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
victim		Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

OTHER

Additional information CLIENT REMOVED from CARE OF MATERNAL GRAND-FATHER . SUBSTANTIATED PHYSICAL + EMOTIONAL ABUSE . CMA FATHER SUICIDED . MOTHER'S WHERE ABOUTS UNKNOWN .
CLIENT enjoys METALWORK . BRILLIANT WELDER !
CLIENT IDENTIFIES MOST STRONGLY WITH METAL WORK DEPUTY .
moJ CHARGES FOR ASSAULT + BATTERY . JT WORK ORDER 3/4 HR .
COMPLETE JAG TEAM ON SUPERVISION . CLIENT HAS EXTENSIVE HISTORY OF SUSPENSIONS AND EXCLUSIONS . EDWA AT MTS END .

EDUCATION ASSESSMENT

Date Conducted xxxxx Officer Name xxxxx Location xxxxxx

Client CCSS Id. No <u>xxxxxx</u>	Date of Birth <u>16/06/1991</u>	Ward <input type="checkbox"/>	Non Ward <input checked="" type="checkbox"/>
Client Name <u>xxxxxx</u>	Address <u>xxxxxx</u>		
Postcode <u>xxxxxx</u>	Contact No. <u>xxxxxx</u>	Caregiver <u>xxxxxx</u>	
Legal Guardian <u>MOTHER</u>	Caseworker <u>xxxxxx</u>		

School / Setting xxxxxx Phone xxxxxx Fax xxxxxx

Address xxxxxx Postcode xxxxxx

Principal / Key Contact xxxxxx Ext. xxxxxx

Year Co-ord / Deputy xxxxxx Teacher xxxxxx

Year Level / Status 10 Mainstream Straight Split Ed. Support

First Aid / Nurse Contact _____ Attending Yes No

Specific needs referral _____ Attending Yes No

Psychologist referral COUNSELLING Attending Yes No

Current / Past Assessment Attached Yes No

Chaplain _____ Attending Yes No

Youth Support Worker _____ Attending Yes No

ATTENDANCE

Client attending setting regularly _____ Yes No

Entry Date xxxxx Exit Date xxxxx EDWA alert Yes No

Punctuality _____ usually seldom

Preparation _____ Lunch Equipment Dress

Comments NO PROBS

Attendance record attached Yes No

EDUCATION ASSESSMENT (cont.)

ACADEMIC

Achieving educational outcomes (chronological)	<u>-2 yrs</u>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Achieving educational outcomes (setting)	<u>- 2 yrs</u>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Student at Risk Programme	<u>IEP + 2</u>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Individual Education Program	<u>AS PER CT.</u>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Individual tutor programme	<u>Home</u>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Mentor programme	<u>GRANNY SPICES CENTRE</u>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Other		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

SOCIAL SKILLS

Appropriate behaviour in education setting	<u>AGGRESSIVE</u>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Appropriate peer contact	<u>AGGRESSIVE</u>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If no; attention seeking		Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
disruptive		Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
withdrawn		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Other;					
bully		Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
victim	<u>STRIKES OTHERS WHEN PROVOKED</u>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

OTHER

Additional information FATHER DECEASED - MOTHER DRUG ADDICT (METHADONE) - APPREHENDED FOR BEING ABUSED (SEXUAL TEMPT.)
BY STEP FATHER. GRANDFATHER UNDER INVESTIGATION AFTER
CHILD DREW PICTURES OF HIM IN CLASS - INAPPROPRIATE
3 CHANGES OF HOME PLACEMENT IN LAST 6 MONTHS.
CURRENT CAREERS IN CONSTANT CONTACT WITH SCHOOL.
CHILD HAS INAPPROPRIATE BOUNDARIES. PUNCHES, SCRATCHES +
BITES OTHER CHW. IF TEASSED - EWAL ALERT LEVEL 3.

EDUCATION ASSESSMENT

Date Conducted XXXXX Officer Name XXXXX Location XXXXX

Client CCSS Id. No	<u>XXXXX</u>	Date of Birth	<u>26/02/1993</u>	Ward	<input type="checkbox"/>	Non Ward	<input checked="" type="checkbox"/>
Client Name	<u>XXXXX</u>	Address	<u>XXXXX</u>				
Postcode	<u>XXXXX</u>	Contact No.	<u>XXXXXX</u>	Caregiver	<u>XXXXXX</u>		
Legal Guardian	<u>XXXXXX</u>	Caseworker	<u>XXXXXX</u>				

School / Setting XXXXX Phone XXXXX Fax XXXXXX

Address XXXXX Postcode XXXXX

Principal / Key Contact XXXXX Ext. XXXXX

Year Co-ord. / Deputy XXXXX Teacher XXXXXX

Year Level / Status XXXXX Mainstream Straight Split Ed. Support

First Aid / Nurse Contact _____ Attending Yes No

Specific needs referral _____ Attending Yes No

Psychologist referral _____ Attending Yes No

Current / Past Assessment Attached Yes No

Chaplain _____ Attending Yes No

Youth Support Worker _____ Attending Yes No

ATTENDANCE

Client attending setting regularly _____ Yes No

Entry Date XXXXX Exit Date XXXXX EDWA alert Yes No POC INVEST.

Punctuality TRUANT - WU usually seldom

Preparation _____ Lunch Equipment Dress

Comments CLIENTS WHEREABOUT UNKNOWN

Attendance record attached Yes No

EDUCATION ASSESSMENT (cont.)

ACADEMIC

Achieving educational outcomes (chronological)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Achieving educational outcomes (setting)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Student at Risk Programme	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Individual Education Program	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Individual tutor programme	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Mentor programme	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other	XXXXX MENTAL HEALTH CLINIC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

SOCIAL SKILLS

Appropriate behaviour in education setting	SEXUALISED BEHAV	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Appropriate peer contact	DIFFICULTIES	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If no; attention seeking	EXPOSING HERSELF	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
disruptive	IN AND OUT OF CLASS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
withdrawn		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other;			
bully		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
victim		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

OTHER

Additional information - CLIENT CURRENTLY ATTENDING
 CHILD WITNESS PROGRAMME TESTIFYING AGAINST
 FAMILY NEIGHBOUR FOR REPEAT SEXUAL
 ASSAULT

- CLIENT UNDERTAKING TRAUMA COUNSELLING

- CLIENT TAKING MEDICATION FOR ANXIETY ATTACKS

EDUCATION ASSESSMENT

Date Conducted XXXXX Officer Name XXXXX Location XXXXXX

Client CCSS Id. No	<u>XXXXXX</u>	Date of Birth	<u>2/07/99</u>	Not Working	<input checked="" type="checkbox"/>
Client Name	<u>XXXXXX</u>	Address	<u>XXXXXX</u>		
Postcode	<u>XXXXXX</u>	Contact No.	<u>XXXXXX</u>	Caregiver	<u>XXXXXX</u>
Legal Guardian	<u>XXXXXX</u>	Caseworker	<u>XXXXXX</u>		

School / Setting XXXXXX Phone XXXXXX Fax XXXXXX

Address XXXXXX Postcode XXXXXX

Principal / Key Contact XXXXXX Ext. XXXXXX

Year Co-ord. / Deputy XXXXXX Teacher XXXXXX

Year Level / Status 2 Mainstream Straight Split Ed. Support

First Aid / Nurse Contact OBS + MEDICATION Attending Yes No

Specific needs referral ASOL PERPS Attending Yes No

Psychologist referral FCS / EDWA Attending Yes No

Current / Past Assessment Attached Yes No

Chaplain _____ Attending Yes No

Youth Support Worker _____ Attending Yes No

ATTENDANCE

Client attending setting regularly _____ Yes No

Entry Date XXXXXX Exit Date XXXXXX EDWA alert Yes No

Punctuality PROBLEMS - EDWA ALERT usually seldom

Preparation _____ Lunch Equipment Dress

Comments REFERRED TO EDWA

Attendance record attached Yes No

EDUCATION ASSESSMENT

Date Conducted / / Officer Name / / / Location / / /

ATTENDANCE

Attendance record attached Yes No

EDUCATION ASSESSMENT

Date Conducted XXXXXX Officer Name XXXXXX Location XXXXXX

Client CCSS Id. No <u>XXXXXX</u>	Date of Birth <u>17/06/1994</u>	Ward <input checked="" type="checkbox"/>	Non Ward <input type="checkbox"/>
Client Name <u>XXXXXX</u>	Address <u>XXXXXX</u>		
Postcode <u>XXXXXX</u>	Contact No. <u>XXXXXX</u>	Caregiver <u>XXXXXX</u>	
Legal Guardian <u>XXXXXX</u>	Caseworker <u>XXXXXX</u>		

School / Setting XXXXXX Phone XXXXXX Fax XXXXXX

Address XXXXXX Postcode XXXXXX

Principal / Key Contact XXXXXX Ext. XXXXXX

Year Co-ord. / Deputy XXXXXX Teacher XXXXXX

Year Level / Status 3 Mainstream Straight Split Ed. Support

First Aid / Nurse Contact DRESSINGS Attending Yes No

Specific needs referral Attending Yes No

Psychologist referral FCS | EDWA Attending Yes No

Current / Past Assessment Attached Yes No

Chaplain Attending Yes No

Youth Support Worker Attending Yes No

ATTENDANCE

Client attending setting regularly PMH - BURNS UNIT Yes No

Entry Date XXXXXX Exit Date XXXXXX EDWA alert Yes No

Punctuality ISSUES usually seldom

Preparation Lunch Equipment Dress

Comments

Attendance record attached Yes No

EDUCATION ASSESSMENT (cont.)

ACADEMIC

Achieving educational outcomes (chronological)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Achieving educational outcomes (setting)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Student at Risk Programme	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Individual Education Program	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Individual tutor programme	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Mentor programme	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SOCIAL SKILLS

Appropriate behaviour in education setting	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Appropriate peer contact	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no; attention seeking	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
disruptive	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
withdrawn	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other;		
bully	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
victim	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

OTHER

Additional information MOTHER HAS SOUGHT ASSISTANCE FROM
EARLY ED. OFFICERS FOR GRIEF COUNSELLING.
NATURAL FATHER PASSED AWAY IN CAR ACCIDENT
CURRENT FOCUSING COUNSELLING FOR GRIEF/LOSS
ISSUES: DIASTROPHIC CARE TEAM IN SCHOOL EXCELLENT

EDUCATION ASSESSMENT

Date Conducted x x x x x Officer Name x x x x x Location x x x x x

ATTENDANCE

Attendance record attached Yes No

EDUCATION ASSESSMENT (cont.)

ACADEMIC

Achieving educational outcomes (chronological)	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Achieving educational outcomes (setting)	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Student at Risk Programme	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Individual Education Program	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Individual tutor programme	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Mentor programme	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

SOCIAL SKILLS

Appropriate behaviour in education setting	N/A	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Appropriate peer contact	N/A	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no; attention seeking	N/A	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
disruptive	N/A	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
withdrawn	N/A	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other;					
bully	N/A	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
victim	N/A	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

OTHER

Additional information EDWA ALERT . MOTHER + CLIENT HAVE NOT BEEN CONTACTABLE FOR 3 WKS. FATHER HAS INFORMED POLICE NO ACCESS HAS OCCURRED FOR 2 MONTHS. SUSPECTED MOTHER HAS MOVED INTERSTATE. HOME REVEALS NO INFORMATION AS TO CLIENTS WHEREABOUTS

EDUCATION ASSESSMENT

Date Conducted xxxxxx Officer Name xxxxxx Location xxxxxx

Client CCSS Id. No <u>xxxxxx</u>	Date of Birth <u>7/05/1995</u>	Ward <input checked="" type="checkbox"/>	Non Ward <input type="checkbox"/>
Client Name <u>xxxxxx</u>	Address <u>xxxxxx</u>		
Postcode <u>xxxxxx</u>	Contact No. <u>xxxxxx</u>	Caregiver <u>xxxxxx</u>	
Legal Guardian <u>FCS</u>	Caseworker <u>xxxxxx</u>		

School / Setting xxxxxx Phone xxxxxx Fax xxxxxx

Address xxxxxx Postcode xxxxxx

Principal / Key Contact xxxxxx Ext. xxxxxx

Year Co-ord. / Deputy xxxxxx Teacher xxxxxx

Year Level / Status 1 Mainstream Straight Split Ed. Support REPEAT

First Aid / Nurse Contact _____ Attending Yes No

Specific needs referral xxxxxx MENTAL HEALTH Attending Yes No

Psychologist referral FCS (PNH) 20 Attending Yes No

Current / Past Assessment Attached Yes No

Chaplain _____ Attending Yes No

Youth Support Worker _____ Attending Yes No

ATTENDANCE

Client attending setting regularly NO ISSUES Yes No

Entry Date xxxxxx Exit Date xxxxxx EDWA alert Yes No

Punctuality NO PROBS usually seldom

Preparation _____ Lunch Equipment Dress

Comments _____

Attendance record attached Yes No

EDUCATION ASSESSMENT (cont.)

ACADEMIC

Achieving educational outcomes (chronological)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Achieving educational outcomes (setting)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Student at Risk Programme	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Individual Education Program	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Individual tutor programme	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Mentor programme	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SOCIAL SKILLS

Appropriate behaviour in education setting	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Appropriate peer contact	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no ; attention seeking	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
disruptive	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
withdrawn	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other;		
bully	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
victim	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

OTHER

Additional information DOMESTIC VIOLENCE IN HOME. FATHER'S WHEREABOUTS UNKNOWN. EDWA ALERT. CLIENT ADMITTED TO PMH WITH ASTHMA. BRUISING NOTED ON LEFT CHEEK (H)
POC INVESTIGATION IN CONCLUSIVE. CLIENT OTHERWISE IN GOOD CARE.
MOTHER SEEKING REFUGEE ASSISTANCE + FAMILY SUPPORT PAYMENTS THROUGH CENTRELINK.

EDUCATION ASSESSMENT (cont.)

ACADEMIC

Achieving educational outcomes (chronological)	<u>xxxxxx</u>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Achieving educational outcomes (setting)	<u>xxxxxx</u>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Student at Risk Programme	<u>xxxxxx</u>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Individual Education Program	<u>xxxxxx</u>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Individual tutor programme	<u>xxxxxx</u>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Mentor programme	<u>xxxxxx</u>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other	<u>xxxxxx</u>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

SOCIAL SKILLS

Appropriate behaviour in education setting	<u>xxxxxx</u>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Appropriate peer contact	<u>xxxxxx</u>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no ; attention seeking	<u>xxxxxx</u>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
disruptive	<u>xxxxxx</u>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
withdrawn	<u>xxxxxx</u>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other;					
bully	<u>xxxxxx</u>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
victim	<u>xxxxxx</u>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

OTHER

Additional information CLIENT'S MOTHER HELPS MOTHER IN USER
CLIENT TAKEN INTO CARE BECAUSE MOTHER UNABLE TO LOOK
AFTER CHILD ANY FURTHER. NO KNOWN EXTENDED FAMILY
IN AUSTRALIA.

INC. 1 ALERT LEVEL 7 INTAKE CLIENT WITH
FOSTER FAMILY.

EDUCATION ASSESSMENT

Date Conducted xxxxx Officer Name xxxxxx Location xxxxxx

Client CCSS Id. No	<u>xxxxxx</u>	Date of Birth	<u>6/11/1996</u>	Ward	<input type="checkbox"/>	Non Ward	<input checked="" type="checkbox"/>
Client Name	<u>xxxxxx</u>	Address	<u>xxxxxx</u>				
Postcode	<u>xxxx</u>	Contact No.	<u>xxxxxx</u>	Caregiver	<u>xxxxxx</u>		
Legal Guardian	<u>MOTHER</u> <u>xxxxxx</u>	Caseworker	<u>xxxxxx</u>				

School / Setting xxxxxx Phone xxxxxx Fax xxxxxx

Address xxxxxx Postcode xxxxxx

Principal / Key Contact xxxxxx Ext. xxxxxx

Year Co-ord. / Deputy xxxxxx Teacher xxxxxx

Year Level / Status xxxxxx Mainstream Straight Split Ed. Support

First Aid / Nurse Contact OCCASIONALLY Attending Yes No

Specific needs referral LIONS HEARING Attending Yes No

Psychologist referral MEDICATION Attending Yes No

Current / Past Assessment Attached Yes No

Chaplain Attending Yes No

Youth Support Worker Attending Yes No

ATTENDANCE

Client attending setting regularly Yes No

Entry Date xxxxxx Exit Date xxxxxx EDWA alert Yes No

Punctuality xxxxxx usually seldom

Preparation xxxxxx Lunch Equipment Dress

Comments NO ISSUES

Attendance record attached Yes No

EDUCATION ASSESSMENT (cont.)

ACADEMIC

Achieving educational outcomes (chronological) _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Achieving educational outcomes (setting) _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Student at Risk Programme _____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Individual Education Program <u>AUTISM SPECIFIC</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Individual tutor programme _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Mentor programme _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

SOCIAL SKILLS

Appropriate behaviour in education setting _____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Appropriate peer contact _____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no ; attention seeking _____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
disruptive _____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
withdrawn _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other;		
bully _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
victim _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

OTHER

Additional information CLIENT SUFFERS MILD AUTISM. SINGLE MOTHER H/V REVEALED INADEQUATE SUPERVISION CARE

MOTHERS GROUP REFERRAL / HOMEWORK CLASSES -

CLIENT NEEDS CONSTANT MONITORING

DELICIOUS CHILD - ENJOYS ALL HANDS ON CURRICULUM MATERIAL.

EDUCATION ASSESSMENT

Date Conducted XXXXX Officer Name XXXXX Location XXXXX

Client CCSS Id. No	<u>XXXXX</u>	Date of Birth	<u>7/11/1998</u>	Ward	<input checked="" type="checkbox"/>	Non Ward	<input type="checkbox"/>
Client Name	<u>XXXXXX</u>	Address	<u>XXXXXX</u>				
Postcode	<u>XXXXX</u>	Contact No.	<u>XXXXXX</u>	Caregiver	<u>XXXXXX</u>		
Legal Guardian	<u>FCS</u>	Caseworker	<u>XXXXXX</u>				

School / Setting	<u>NOT ATTENDING</u>	Phone	<u>N/A</u>	Fax	<u>N/A</u>				
Address	<u>N/A</u>		Postcode	<u>N/A</u>					
Principal / Key Contact	<u>N/A</u>		Ext.	<u>N/A</u>					
Year Co-ord. / Deputy	<u>N/A</u>		Teacher	<u>N/A</u>					
Year Level / Status	<u>N/A</u>	Mainstream	<input type="checkbox"/>	Straight	<input type="checkbox"/>	Split	<input type="checkbox"/>	Ed. Support	<input type="checkbox"/>
First Aid / Nurse Contact	<u>N/A</u>		Attending	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Specific needs referral	<u>N/A</u>		Attending	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Psychologist referral	<u>N/A</u>		Attending	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Current / Past Assessment Attached					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Chaplain	<u>N/A</u>		Attending	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Youth Support Worker	<u>N/A</u>		Attending	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

ATTENDANCE

Client attending setting regularly	<u>N/A</u>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Entry Date	<u>N/A</u>	Exit Date	<u>N/A</u>	EDWA alert	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Punctuality	<u>N/A</u>		usually	<input type="checkbox"/>	seldom	<input type="checkbox"/>		
Preparation	<u>N/A</u>		Lunch	<input type="checkbox"/>	Equipment	<input type="checkbox"/>	Dress	<input type="checkbox"/>
Comments	<u>N/A</u>							
Attendance record attached					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

EDUCATION ASSESSMENT (cont.)

ACADEMIC

Achieving educational outcomes (chronological)	<u>N/A</u>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Achieving educational outcomes (setting)	<u>N/A</u>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Student at Risk Programme	<u>N/A</u>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Individual Education Program	<u>N/A</u>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Individual tutor programme	<u>N/A</u>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Mentor programme	<u>N/A</u>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other	<u>N/A</u>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

SOCIAL SKILLS

Appropriate behaviour in education setting	<u></u>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Appropriate peer contact	<u></u>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If no ; attention seeking	<u></u>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
disruptive	<u></u>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
withdrawn	<u></u>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Other;					
bully	<u></u>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
victim	<u></u>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

OTHER

Additional information CLIENT ATTENDING CHILDCARE . SUPERVISED
ACCESS TO NAT PARENTS. CHILD FOUND IN A BURNING COT
BY MATERNAL AUNTY MOTHER SUSPENDED SENTENCE .
FATHER LIVING WITH MOTHER . FATHER I/V USER (NALTREX .)
CHILD AT CHILDCARE MON-FRI . 8AM-1PM . BOTH
PARENTS ATTENDING PARENTING COURSE

EDUCATION ASSESSMENT

Date Conducted 1/1/11 Officer Name XXXXXX Location XXXXXX

Client CCSS Id. No	<u>XXXXXX</u>	Date of Birth	<u>3/08/99</u>	Ward	<input checked="" type="checkbox"/>	Non Ward	<input type="checkbox"/>
Client Name	<u>XXXXXX</u>			Address	<u>XXXXXX</u>		
Postcode	<u>XXXXXX</u>	Contact No.	<u>XXXXXX</u>		Caregiver	<u>XXXXXX</u>	
Legal Guardian	<u>FCS</u>		Caseworker	<u>XXXXXX</u>			

School / Setting XXXXXX Phone XXXXXX Fax XXXXXX

Address XXXXXX Postcode XXXXXX

Principal / Key Contact XXXXXX Ext. XXXXXX

Year Co-ord. / Deputy XXXXXX Teacher XXXXXX

Year Level / Status XXXXXX Mainstream Straight Split Ed. Support

First Aid / Nurse Contact XXXXXX Attending Yes No

Specific needs referral XXXXXX Attending Yes No

Psychologist referral XXXXXX Attending Yes No

Current / Past Assessment Attached Yes No

Chaplain XXXXXX Attending Yes No

Youth Support Worker XXXXXX Attending Yes No

ATTENDANCE

Client attending setting regularly XXXXXX Yes No

Entry Date XXXXXX Exit Date XXXXXX EDWA alert Yes No

Punctuality XXXXXX usually seldom

Preparation XXXXXX Lunch Equipment Dress

Comments XXXXXX

Attendance record attached Yes No

EDUCATION ASSESSMENT (cont.)

ACADEMIC

Achieving educational outcomes (chronological) _____ Yes No

Achieving educational outcomes (setting) _____ Yes No

Student at Risk Programme _____ Yes No

Individual Education Program AS PER pmh Yes No

Individual tutor programme _____ Yes No

Mentor programme RECREATION Yes No

Other _____ Yes No

SOCIAL SKILLS

Appropriate behaviour in education setting _____ Yes No

Appropriate peer contact _____ Yes No

If no; attention seeking _____ Yes No

disruptive _____ Yes No

withdrawn _____ Yes No

Other;
bully _____ Yes No

victim _____ Yes No

OTHER

Additional information CLIENT THROWN INTO A BOILING BATH BY MOTHER. CHARGES PENDING. LEGAL ON cc.

CLIENT NEEDS CONSTANT MEDIC. SWABE

CLIENT HAS GRAFT OPS. STILL TO COME. OBVIOUS

GAPS IN SCHOOL DUE TO MEDIC. SCHOOL OF DISTANCE

EDUCATION TO BE CONSIDERED. NATURAL FATHER OVERSEAS

WILL APPLY FOR GUARDIANSHIP



































